

Plant Protection Division, Ph: 651-201-6578, Fx: 651-201-6108

Compensation Claim for Crops Destroyed by Elk

Minnesota Statutes (2006) 3.7371, MN Rules Chapter 1506

Claim # _____

I. To be completed by Crop Owner:

CROP OWNER NAME		PHONE	
ADDRESS			
CITY	STATE	ZIP	
IS THERE ANY OTHER FINANCIAL INTEREST IN THE CROP OR IS THE CROP SECURED FOR A LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS THE CROP COVERED BY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, POLICY # _____			
DATE LOSS KNOWN	DATE LOSS REPORTED	LOCATION OF LOSS:	
		TOWNSHIP	COUNTY
NAME OF FINANCIAL INTEREST		INSURANCE AGENT NAME	PHONE
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
EVIDENCE LEADING CLAIMANT TO BELIEVE THE CROP WAS DESTROYED BY ELK			
<p>Note: The data on this form will be used to process your application for destroyed or crippled livestock compensation. Minnesota Statutes section 270.65 requires that you provide us with your social security number, federal or state tax identification number. If you do not provide a tax I.D. number we will be unable to process your request. Supplying these numbers could result in action to collect delinquent taxes owed to the State of Minnesota. Your social security number, if provided, is private information. No one will have access to it except those permitted access 1) by law including the Minnesota Department of Revenue, 2) by our written consent, 3) by a court order, or 4) by those state and department employees whose job duties require access.</p>			

SIGNATURE, Livestock Owner

DATE

SS # OR MN TAX ID #

(100 minimum/\$20,000 maximum claim per crop owner per fiscal year)

